

ALASKA PIONEER HOME		P&P No: 04.09
Title: Restraints		Approval: 
Key Words: Physical Restraint, Time Out, Assess, Monitor, Risk, Chemical Restraint		
Team: Nursing, Admin, PT, Activity	Effective Date: 8/1/12	Page: 1 of 6

PURPOSE

To define restraints, limit the use of restraints, and ensure the safety and well-being of Alaska Pioneer Home (AKPH) residents who use restraints.

POLICY

The AKPH limit resident restraints.

A resident’s behavior or actions that cause imminent danger to self or other residents may initiate the use of a restraint.

A resident restraint is used only after alternative less restrictive forms have been tried.

A restraint is used safely, so that harm to the resident does not occur.

A restraint is not used as punishment to the resident or convenience for the Home staff.

DEFINITIONS

Physical restraint is:

- a manual method that restricts body movement;
- a physical or mechanical device, material, or piece of equipment;
- attached or adjacent to the resident’s body;
- difficult for the resident to remove; and
- restrictive to movement or normal access to the body.

Time out is:

- a restriction of a resident;
- given with the resident’s consent;
- in a quiet area or unlocked quiet room; and
- not to exceed 30 minutes.

Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. (The Joint Commission on Accreditation of Healthcare Organizations)

PROCEDURE**I. Use of Intervention and Physical Restraint**

- A. To restrain a resident, Alaska regulations for operating an assisted living home require that:
 - 1. Resident's actions present an imminent danger to the resident or others.
 - 2. Other interventions have failed.
 - 3. Physician has written an order for the use of the restraint.
 - 4. Resident/representative has agreed to the use of the restraint.
 - 5. The need for using the restraint has been noted in the resident's assisted living plan.

- B. A time out or physical restraint is terminated when the resident no longer presents an imminent danger to self or others.

- C. Assess for the potential use of a physical restraint
 - 1. At the time of the resident's admission to the Home, the Home:
 - a. Explains the physical restraint procedures to the resident or resident's representative.
 - b. Performs an assessment to evaluate the potential need for time outs or physical restraint.
 - 1) Resident's prior behavior may indicate a need for the time outs or physical restraint.
 - 2) Delirium, confusion.
 - 3) Delirium superimposed on dementia.
 - 4) Cognitive function.
 - 5) Fall risk.
 - c. Addresses the need for using time outs or physical restraint in the resident's assisted living plan if the Home believes this may be needed.
 - d. Includes the following information in the assisted living plan:
 - 1) When time outs or physical restraints are used.
 - 2) What forms of physical restraint is used, based on recommendations from the resident's primary physician.
 - 3) Pre-notification if requested by the resident's representative.

- D. Assess the resident for an alternative to a physical restraint.
 - 1. Identify interventions that have been successful in the past.
 - 2. Promptly treat medical problems such as dehydration, infection, drug toxicity, and drug interactions.
 - 3. Schedule walks, exercise, and diversions to disrupt the normal routine.

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- a. Address boredom and diminished attention span with diversion, music, or objects to hold.
 - b. Enlist family input for suggestions.
 4. Attend to care needs for toileting, food and fluids, sleep, and comfort.
 5. Keep resident's valuable or frequently used items within easy reach.
 6. Treat pain with an analgesic.
 - a. Restlessness is a common sign of pain in cognitively challenged elders.
 - b. Positioning, massage, distraction, music, or relaxation devices may ease pain.
 - c. Ongoing pain assessment maintains resident comfort.
 7. Consult with the resident's physician about gait instability and weakness.
 - a. Use protective devices such as hip pads.
 - b. Apply non-skid strips near the bed or provide skid-proof slippers or socks.
 - c. Provide seating that promotes good body alignment and support.
 - d. Avoid use of wheelchair for prolonged sitting.
 8. Avoid falls from the bed or chair if the resident is challenged and unable to walk without assistance.
 - a. Half or quarter length side rails promote bed mobility; eliminate full side rails.
 - b. Use very low bed and mats at bedside.
 - c. Use pressure sensitive or motion sensor bed alarms to alert staff.
 - d. Use self-releasing safety belts.
 9. Consult with the physician and pharmacy about medications that affect blood pressure.
 - a. Postural or orthostatic hypotension may occur when resident stands up.
 - b. Maintain good hydration.
 - c. Consider the use of leg pressure stockings.
 10. Address fear and anxiety with companionship, supervision, and distraction.
 11. Assess environmental safety.
 - a. Avoid placing room near areas of high traffic or noise.
- E. Resident or representative consent
1. A consent is signed for the use of the restraint.
 2. Resident or representative understands that the restraint is used as described by the physician's order.
 3. The restraint plan, risks, and benefits have been explained.
 4. The resident or representative has the right to revoke the consent at any time.

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- F. When restraints are applied:
1. Follow the resident's restraint plan.
 2. Apply and release the restraint correctly.
 3. Monitor and support the resident correctly while the restraint is used.
 4. Document the following:
 - a. The resident's name.
 - b. A description of the incident that led to the decision to use physical restraint.
 - c. A brief description of any other intervention used or attempted before the use of physical restraint.
 - d. The type of physical restraint used.
 - e. The time when physical restraint began.
 - f. The time when physical restraint ended.
 - g. Notification of the resident's representative within 24 hours, unless the representative has agreed to the restraint use in the assisted living plan.
- G. Safety equipment and physical restraint is authorized in writing by the resident's primary physician.
1. Devices are not restraints if the resident is able to release them or if they are used for postural support or to promote a resident's independence.
 2. Equipment that is not considered a physical restraint:
 - a. Self-release safety belts.
 - b. Recliner chairs with or without lap-top trays.
 - c. Wedge chair cushions.
 - d. Concave mattresses.
 - e. Bedside rails, if used for a resident who:
 - 1) Lacks independent mobility but has an involuntary movement, including a seizure disorder, that could cause the resident to fall from bed; or
 - 2) Needs the rails to assist in mobility.
 3. Physician's order for a physical restraint in resident's chart:
 - a. Order includes statement of *no known physical or medical contraindications to restraint*.
 - b. Physician renews order at least every 6 months.
 - c. Care team reviews the restraint every 7 days.
- H. Monitor and support the resident while restrained.
1. Resident who is restrained:
 - a. Observe that the resident is comfortable, properly positioned, and able to signal for assistance at all times.
 - b. Assist with activities and repositioning whenever indicated.

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- c. Support resident using positive communication and touch.
 - d. Observe and report to nurse any negative physical or emotional responses to restraint.
 - e. Report any changes in condition.
 2. Resident using recliner chair as a restraint:
 - a. At least every 2 hours, assist resident to
 - 1) Leave the chair.
 - 2) Exercise or perform ROM (range of motion).
 - 3) Drink liquids.
 - 4) Toilet.
 - 5) Reposition.
 3. Resident using lap belt or lap tray restraint:
 - a. Check fit of restraint at least every 30 minutes.
 - b. Check fit of restraint every 15 minutes if worn during meal time.
 - c. Release restraint every 2 hours for at least 10 minutes.
 - 1) During release, assist resident with exercise or ROM, toileting, drinking liquids, and repositioning.
 - d. Lap belts and lap trays are not used while the resident is in bed.
 4. Resident using side rail:
 - a. Observe resident at least every 2 hours when used as a restraint.
 - b. When side rails are requested by the resident for ease of mobility, a consent form is signed by the resident or representative.
 - 1) Consent form states the number of side rails, side of bed, when raised, and why the resident requested the side rails.
 5. Home staff members who apply or release a restraint must:
 - a. Know that residents may not be restrained unless they have an individual restraint plan.
 - b. Follow a resident's individual restraint plan.
 - c. Correctly apply and release a restraint.
 - d. Correctly monitor and support the resident while the restraint is used.
- I. Risks and benefits of restraint use
1. A restraint can be beneficial in preventing harm to a resident.
 2. A restraint can be a risk; can cause injury and death, because it restricts movement.

II. Use of Chemical Restraint

- A. Chemical restraints are not used in the Alaska Pioneer Home division.
- B. There may be times when medications are appropriately used, under the direction of a licensed physician, to effect behavioral modification in residents who present a danger to themselves or others.

HISTORY OF REVISIONS

New: 1/1/12

Revised: 3/20/12; 7/20/12; 3/4/13

Reviewed: 3/20/12

ATTACHMENTS

REFERENCES

7 AAC 75.295, 7 AAC 130.215;

The Joint Commission on Accreditation of Healthcare Organizations